

2009-012217

Klamath County, Oregon



00072580200900122170020021

09/14/2009 11:54:08 AM

Fee: \$26.00

After Recording Return to:

JOHN E. ABBOTT and PATRICIA J. MADSEN

955 Hayden Bridge Rd

Springfield, OR 97477

Until a change is requested all tax statements

Shall be sent to the following address:

SAME AS ABOVE

ATE 67051

WARRANTY DEED

(INDIVIDUAL)

JILL M. PEVEAR, HEIR OF THE ESTATE OF CHARLES B. PEVEAR, JR., herein called grantor, convey(s) to JOHN E. ABBOTT and PATRICIA J. MADSEN, tenants by the entirety, herein called grantee, all that real property situated in the County of KLAMATH COUNTY, State of Oregon, described as:

Lots 21 and 22, Block 24, TRACT NO. 1027, MT. SCOTT MEADOWS, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon.

CODE 008 MAP 3107-012D0 TL 05800 KEY 83849

CODE 008 MAP 3107-012D0 TL 05900 KEY 83867

and covenant(s) that grantor is the owner of the above described property free of all encumbrances except covenants, conditions, restrictions, reservations, rights, rights of way and easements of record, if any, and apparent upon the land, contracts and/or liens for irrigation and/or drainage

and will warrant and defend the same against all persons who may lawfully claim the same, except as shown above.

The true and actual consideration for this transfer is \$11,405.00.
(here comply with the requirements of ORS 93.930)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER SECTIONS 2, 3 AND 5 TO 22 OF CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER SECTIONS 2, 3 AND 5 TO 22 OF CHAPTER 424, OREGON LAWS 2007.

Dated ~~August 31, 2009~~

4 Sep 09

Jill M Pevear
JILL M. PEVEAR

STATE OF Maryland, County of Anne Arundel ss.

On Sept 4, 2009, 2009 personally appeared the above named JILL M. PEVEAR and acknowledged the foregoing instrument to be her voluntary act and deed.

This document is filed at the request of:



525 Main Street
Klamath Falls, OR 97601
Order No.: 67051MS

Before me: Cheryl A Smith
Notary Public for Anne Arundel Co - Maryland
My commission expires: Nov 13, 2010

Official Seal

CHERYL A. SMITH
NOTARY PUBLIC
ANNE ARUNDEL COUNTY, MARYLAND
MY COMMISSION EXPIRES

Nov 13, 2010



VALID ONLY
WITH
IMPRESSED
SEALI HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A
RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

DATE ISSUED:

MAR 01 2005

STATE REGISTRAR OF VITAL RECORDS

PEVEAR, Jr

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

unpend item 238, 27, permit, G040, 2/23/05 11

1- For
State
Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

2005 05699

To Be Completed by Funeral Director

Medical Certification: To Be Completed by Physician/Medical Examiner

1. Decedent's Name (First, Middle, Last) Charles Bascome Pevear Jr.			2. Date of Death Month Day Year FEBRUARY 19, 2005			3. Time of Death 1:45a M		
4a. Facility Name (If not institution, give street and number) 7912 CITADEL DRIVE			4b. City, Town, or Location of Death SEVERN			4c. County of Death ANNE ARUNDEL		
5. Social Security Number 014-44-2654		6. Sex 1 <input checked="" type="checkbox"/> M 2 <input type="checkbox"/> F	7. Age (In yrs. last birthday) 51 Yrs.		8. Date of Birth (Month, Day, Year) 10-19-1953		9. Birthplace (State or Foreign Country) Mass.	
10a. State MD			10b. County Anne Arundel			10c. City, Town or Location Severn		
10d. Inside City Limits 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			10e. Street and Number 7912 Citadel Drive			10f. Zip Code 21144		
10g. Citizen of What Country? USA			11. Marital Status 1 <input type="checkbox"/> Never Married 2 <input checked="" type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced			12. Was Decedent Ever in U.S. Armed Forces? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No If Yes, Give Year or Dates:		
13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No Specify:			14. Race - American Indian, Black, White, etc. Specify: white			15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2		
16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) U.S. Air Force			16b. Kind of Business/Industry U.S. Air Force			17. Father's Name (First, Middle, Last) Charles B. Pevear Sr.		
18. Mother's Name (First, Middle, Maiden Surname)			19a. Informant's Name/Relationship (Type, Print) Mrs. Jill Pevear/wife			19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7912 Citadel Dr., Severn, MD 21144		
20a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input checked="" type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)			20b. Place of Disposition (Name of cemetery, crematory or other place) Chesapeake Cremation			20c. Location - City or Town, State Stevensville, MD		
21. Signature of Funeral Service Licensee Donna Dallas			22. Name and Address of Facility Singleton Funeral Home P.A. 1 Second Ave SW Glen Burnie MD 21061			23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Hypertensive Cardiovascular Disease Due to (or as a consequence of): a. Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of): Sequitally list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		
23b. Was decedent pregnant in the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown			23c. If yes, outcome of pregnancy 1 <input type="checkbox"/> Live birth 2 <input type="checkbox"/> Fetal death 3 <input type="checkbox"/> Ectopic pregnancy 4 <input type="checkbox"/> Pregnant at time of death 5 <input type="checkbox"/> Other (specify) 2 <input type="checkbox"/> Unknown			23d. Date of delivery Month Day Year		
24a. Was an autopsy performed? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No			24b. Were autopsy findings available prior to completion of cause of death? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No			25. Was case referred to medical examiner? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		
26. Place of Death (Check only one) Hospital: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DCA Other: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input checked="" type="checkbox"/> Other (Specify) SCENE			27. Manner of Death 1 <input checked="" type="checkbox"/> Natural 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide 5 <input type="checkbox"/> Pending investigation 6 <input type="checkbox"/> Could not be determined			28a. Date of Injury (Month, Day, Year) 28b. Time of Injury M 28c. Injury at Work? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 28d. Describe how injury occurred 28e. Location (Street and Number or Rural Route Number, City or Town, State)		
29a. Certifier (Check only one) 1 <input type="checkbox"/> Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 <input checked="" type="checkbox"/> Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			29b. Signature and title of certifier Carol H. Arundel			29c. License number OCME		
29d. Date signed (Month, Day, Year) FEBRUARY 19, 2005			30. Name and address of person who completed cause of death (Item 23a) (Type, Print) CAROL H. ARUNDEL 111 Penn Street Baltimore, Maryland 21201			31. Date filed (Month, Day, Year) FEB 22 2005		
32. Registrar's Signature State Registrar								